



Farmers Bank

Employment Application



Farmers Bank

EMPLOYMENT APPLICATION

Farmers Bank is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL

NAME: _____ Date: _____
Last First Middle

Any other names under which you have been employed or under which school records would be located? _____

POSITION THAT YOU ARE APPLYING FOR: _____

ADDRESS: _____
Street Address City State Zip

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

E-MAIL ADDRESS: _____

Are you available to work _____ Full Time? _____ Part Time? Date Available to Begin Work: _____

Are you available to work overtime? _____ Yes _____ No Can you travel if the job requires it? _____ Yes _____ No

Have you ever completed an application with us before? _____ Yes _____ No If so, when? _____

Have you been employed by Farmers Bank before? _____ Yes _____ No If so, when? _____

Are you over 18 years of age? _____ Yes _____ No

Are you legally eligible for employment in the United States? _____ Yes _____ No

(If offered employment, you will be required to provide documentation to verify eligibility)

Have you been convicted of a crime (conviction will not necessarily disqualify you from employment) _____ Yes _____ No

If yes, please give dates, offense, and dispositions: _____

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking

HIGH SCHOOL: Please check one: Diploma _____ G.E.D. _____

School(s): _____ City/State: _____

COLLEGE and/or VOCATIONAL SCHOOL: Number of Years Completed: _____

School(s): _____ City/State: _____

Major: _____ Degrees Earned: _____

OTHER TRAINING OR DEGREES:

School(s): _____ City/State: _____

Course: _____ Degree or Certificate Earned: _____

*Applications should be submitted to: Erin Krawsczyn, Human Resources Manager at
Farmers Bank Corporate Office 211 West 2nd Street Pomeroy, Ohio 45769
Telephone: 740-992-4057 Email: erin.krawsczyn@fbsc.com*

EMPLOYMENT

List last employer first, including US Military Service

May we contact your present employer? _____ Yes _____ No

EMPLOYER: _____ ADDRESS: _____
TELEPHONE: _____ POSITION: _____
DATES OF EMPLOYMENT: From _____ To _____ SALARY: _____ Full-time _____ Part-time _____
SUPERVISOR: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ ADDRESS: _____
TELEPHONE: _____ POSITION: _____
DATES OF EMPLOYMENT: From _____ To _____ SALARY: _____ Full-time _____ Part-time _____
SUPERVISOR: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ ADDRESS: _____
TELEPHONE: _____ POSITION: _____
DATES OF EMPLOYMENT: From _____ To _____ SALARY: _____ Full-time _____ Part-time _____
SUPERVISOR: _____ REASON FOR LEAVING: _____

REFERENCES

REFERRAL SOURCE: Friend/Relative Advertisement Website Other: _____

PROFESSIONAL

NAME: _____
ADDRESS _____

PHONE _____

NAME: _____
ADDRESS _____

PHONE _____

PERSONAL

NAME: _____
ADDRESS _____

PHONE _____

NAME: _____
ADDRESS _____

PHONE _____

APPLICANT STATEMENT

Please read carefully before signing

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on this application or in related interviews may result in withdrawal of an offer of employment or discharge if discovered subsequent to employment.

I understand that this employment application is not to be construed as a guarantee of employment. I further understand that should I become employed, my employment with Farmers Bank does not constitute any form of contract, implied or expressed, and that such employment may be terminated at-will by me or by Farmers Bank.

I authorize investigation of all statements contained in this employment application and agree to hold harmless, any prior employer, representative of any prior employer, or other reference listed on this employment application for any truthful information provided thereto.

I agree should I be employed by Farmers Bank that, as a condition of employment, any claim or lawsuit relating to my service with the organization or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly agree to waive any statute of limitations to the contrary. I understand that if I become an employee of Farmers Bank at any time in the future, this application for employment will become part of my official employment record. I further acknowledge that Farmers Bank will be relying on the information contained in this employment application in any hiring decisions and that I am contractually bound by the terms contained herein.

By my signature below, I acknowledge that I have read the above statement and understand the provisions contained therein.

Signature of Applicant	Date
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NOTIFICATION AND AUTHORIZATION FOR CONSUMER REPORT

NOTIFICATION

I understand that, as a condition of my consideration for employment with Farmers Bank & Savings Company (the "Bank"), and as a condition of my continued employment with the Bank, the Bank may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, BMV records, any other public records and other information bearing on my credit standing, responsibility and credit capacity. Any information obtained from the consumer report by the Bank will be used exclusively for employment related decisions.

AUTHORIZATION

I hereby authorize and consent to Bank's procurement of such a report. I understand that the Bank will provide me with a copy of the consumer report prior to any adverse action being taken concerning my employment based in any way on the information contained in the report, along with the name and address of the reporting agency that produced the report and a summary of my rights under the Fair Credit Reporting Act. I further understand that another copy of the report will be made available to me, along with another summary of my rights under the FCRA, after any adverse action is taken concerning my employment based in any way on the information contained in the consumer report.

I understand that this Notice/Authorization and Release form shall remain in effect for the duration of my employment

Signature of Applicant	Date
Applicant Name (please print)	

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Voluntary Self-Identification of Disability, Veteran Status and Demographic Information

An equal opportunity employer, Farmers Bank is also a government contractor subject to affirmative action requirements, such as to employ and advance in employment protected veterans, women and minorities. In addition, because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us below if you have a disability,ⁱⁱ if you have ever had a disability, to identify your demographic information and disclose if you are a protected veteran.ⁱⁱⁱ Completing this form is voluntary, but we hope that you will choose to fill it out. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact your consideration for employment. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. The information will be kept confidential with the Human Resources Department and will not be maintained with your application, or if hired, your personnel file. If you do not self-identify, identification may be made by visual or other factors pursuant to our affirmative action reporting requirements.

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

Please check a box in each of the following four columns:

<input type="checkbox"/> Yes, I have a disability (or previously had a disability) <input type="checkbox"/> No, I don't have a disability <input type="checkbox"/> I don't wish to answer.	<input type="checkbox"/> Hispanic or Latino If that box is not checked: <input type="checkbox"/> American Indian /Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> White/Caucasian <input type="checkbox"/> I don't wish to answer.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I don't wish to answer.	<input type="checkbox"/> I identify as one or more of the following classifications of protected veteran (which are defined below ^{iv}): <ul style="list-style-type: none"> ● Disabled Veteran ● Recently separated veteran ● Active duty wartime or campaign badge veteran ● Armed forces service medal veteran <input type="checkbox"/> I am not a protected veteran <input type="checkbox"/> I don't wish to answer.
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Printed Name

Today's Date

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended: For more information about this form or the equal employment obligation of federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

ⁱⁱ How do I know if I have a disability? You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Autism
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

ⁱⁱⁱ You are a protected veteran if you are covered by the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act.

^{iv} A “disabled veteran” is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.